



16152 U.S. PTO

03945 U.S. PTO  
10/698734

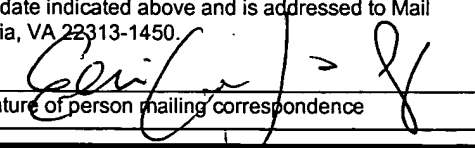
## Certificate of Mailing

Date of Deposit: October 31, 2003Label Number: EV 232034068 US

I hereby certify under 37 C.F.R. § 1.10 that this correspondence is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" with sufficient postage on the date indicated above and is addressed to Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Elvis De La Cruz

Printed name of person mailing correspondence

  
 Signature of person mailing correspondence
**CONTINUATION-IN-PART PATENT APPLICATION TRANSMITTAL UNDER 37 C.F.R. § 1.53(b)**

Attorney Docket Number	00786/447001
------------------------	--------------

Applicant	DENISE FAUSTMAN
-----------	-----------------

Title	METHODS OF ORGAN REGENERATION
-------	-------------------------------

**PRIORITY INFORMATION:**

This application is a continuation-in-part of, and claims priority from, United States patent application 10/358,664, filed February 5, 2003, which claims the benefit of the filing date of United States provisional patent application 60/392,687, filed June 27, 2002 (which is now abandoned).

**SMALL ENTITY STATUS:**

☒ Applicant claims small entity status under 37 C.F.R. § 1.27.

**APPLICATION ELEMENTS:**

Cover sheet	1 page
-------------	--------

Specification	51 pages
---------------	----------

Claims	11 pages
--------	----------

Abstract	1 page
----------	--------

Drawings	11 sheets
----------	-----------

Combined Declaration and Power of Attorney, which is:	2 pages
-------------------------------------------------------	---------

☒ Unsigned;

☐ Newly signed for this application;

☐ A copy from prior application ["\*\*SERIAL NUMBER\*\*"] and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.

Petition to Accept Color Drawings	0 pages
-----------------------------------	---------

Color Drawings (Figure 1)	0 pages
---------------------------	---------

Return Receipt Postcard	1
-------------------------	---

**FILING FEES:**

Basic Filing Fee: \$385	\$385.00
Excess Claims Fee: $70 - 20 = 50 \times \$9$	\$450.00
Excess Independent Claims Fee: $5 - 3 = 2 \times \$43$	\$ 86.00
Multiple Dependent Claims Fee: \$280/\$140	\$140.00
Total Fees:	\$1,061.00

☒ Enclosed is a check for \$1,061.00 to cover the total fees.  
☐ The filing fee is not being paid at this time.  
☒ Please apply any other charges or any credits, to Deposit Account No. 03-2095.

**CORRESPONDENCE ADDRESS:**

Paul T. Clark  
 Reg. No. 30,162  
 Clark & Elbing LLP  
 101 Federal Street  
 Boston, MA 02110

Telephone: 617-428-0200  
 Facsimile: 617-428-7045

**CUSTOMER NO: 21559**

Signature Susan M. Michaud October 31, 2003 Date  
 Susan M. Michaud Reg. No. 42,885